

218122

STATE OF SOUTH CAROLINA

(FORM 1)

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: 2009-308-I

Application for a Class
C Non-Emergency
from
Swamp Fox Taxi Service, LLC

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Kinya Mishoe
Address: 610 N Tom Gasque Ave.
Marion, SC 29571

Telephone: (843) 423-1153Fax: (843) 423-1154

Other: _____

Email: swampfox-taxi@att.net

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Application – Class C Taxi | <input type="checkbox"/> Request to Amend Scope of Authority |
| <input type="checkbox"/> Application – Class C Charter | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application – Class C Charter Bus | <input type="checkbox"/> Request to Amend Passenger Limit |
| <input checked="" type="checkbox"/> Application – Class C Non-Emergency | <input type="checkbox"/> Request |
| <input type="checkbox"/> Application – Class E Household Goods | <input type="checkbox"/> Exhibit |
| <input type="checkbox"/> Application – Class E Hazardous Waste | <input type="checkbox"/> Late-Filed Exhibit |
| <input type="checkbox"/> Application | <input type="checkbox"/> Letter |
| <input type="checkbox"/> Request for Extension to Comply with Order | <input type="checkbox"/> Proposed Order |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain Certificate of Public Convenience and Necessity to Be Rescinded | <input type="checkbox"/> Publisher's Affidavit |
| <input type="checkbox"/> Request for Cancellation of Certificate | <input type="checkbox"/> Reservation Letter |
| <input type="checkbox"/> Request for Suspension | <input type="checkbox"/> Response |
| <input type="checkbox"/> Request for Reinstatement | <input type="checkbox"/> Return to Petition |
| <input type="checkbox"/> Request for Name Change on Certificate | <input type="checkbox"/> Other: _____ |

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

FORM C-AC

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

Attn: Docketing Department

101 Executive Center Drive

Columbia, SC 29210

(Mailing address: Post Office Box 11649, Columbia, SC 29211)

Office # (803) 896-5100 - Fax # (803)-896-5199

CLASS C - CHARTERDATE July 23, 20 09APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND
NECESSITY FOR OPERATION OF MOTOR VEHICLE CARRIER

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

Swamp Fox Taxi Service, LLC

2. (a) Street Address of Applicant 610 N Tom Gasque
Avenue, Marion, SC 29571

(b) Mailing address, if different from street address _____

same as above

(c) Telephone Number 843-423-1153 Fed ID _____

3. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of S.C., need S.C. Secretary of State "Foreign Corporation" Certificate.)
4. (a) If a partnership, names and addresses of all persons having an interest in the business. (b) If a corporation, names and addresses of two principal officers will be sufficient.

Kinja MishoeShameka Sumpter

5. The proposed service to be provided and the proposed rates and charges for such service, per Exhibit "C" included herewith.
6. The proposed list of equipment is as per Exhibit "D" included herewith.

7. Applicant is financially able to furnish the services as specified in this Application and submits the following statement of assets and liabilities.

BALANCE SHEET

Balance at Time Application is Filed:

Month: March Year: 2009

| | |
|-------------------------------------|------------------|
| Assets: | |
| Cash | 5,000 |
| Receivables | 0 |
| Real Estate | 0 |
| Buildings and Equipment-Net | 0 |
| Motor Vehicles-Net | 7,000 |
| Garage Equipment-Net | 0 |
| Machinery and Tools-Net | 0 |
| Supplies on Hand | 200.00 |
| Prepays and Other Assets | 0 |
| Total Assets | 12,200.00 |
| Liabilities and Equity: | |
| Accounts Payable | 0 |
| Notes Payable | 0 |
| Mortgages Payable | 0 |
| Equipment Obligations | 0 |
| Accrued Salaries and Wages | 0 |
| Other Accrued Obligations | 0 |
| Other Liabilities | 0 |
| Total Liabilities | 0.00 |
| Capital Stock | 0 |
| Retained Earnings | 0 |
| Total Equity | 0.00 |
| Total Liabilities and Equity | 0.00 |

8. Applicant is familiar with the provision of S.C. Code Ann., §58-23-10, et seq. (1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol. 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

STATE OF SOUTH CAROLINA,

COUNTY OF MarionI, Lynette Mishoe(Title) owner

(Name of Applicant's Representative)

of Swamp Fox Taxi Service, LLC, the Applicant for the Certificate of Public (Applicant)
Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above
Application are true and correct.

SWORN TO BEFORE ME

At 1612 S. Main St, Marion SCThis the 25th day of March 2009Jacqueline McGill

(Notary Public)

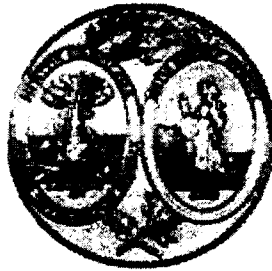
Shameka Singh

(Signature of Applicant's Representative)

Commission Expires:

My Commission Expires December 31, 2010Jacqueline McGill 2

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:

SWAMP FOX TAXI SERVICE, LLC, A Limited Liability Company duly organized under the laws of the State of South Carolina on March 20th, 2009, with a duration that is at will, has as of this date filed all reports due this office, including its most recent annual report as required by section 33-44-211, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to section 33-44-809 of the South Carolina Code, and that the company has not filed a certificate of cancellation as of the date hereof.

Given under my Hand and the Great Seal of the
State of South Carolina this 23rd day of March,
2009

Mark Hammond

Mark Hammond, Secretary of State

EXHIBIT C

CLASS C CHARTER

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

Columbia, South Carolina

Applicant Swamp Fox Taxi Service, LLC

For the transportation of passengers as follows:

Area to be served: State wideNumber of passengers: max 7 passengersFares : \$5.00 per mileDate July 23, 2009By Ramona SanyalTitle Office Mgr.

Rev.10/03

EXHIBIT D

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

DESCRIPTION OF EQUIPMENT

[illegible]

* Seats if passenger carrier.

Date:

7/23/09

Swamp Fox Taxi Service, LLC

(Applicant)

(Applicant's Representative) Shirley Sample

(Applicant's Representative)

Office Mgr
(Title)

INSURANCE QUOTE

The following insurance quote is for:

Form E Already on file with class

(Name of Motor Carrier)

CTaxi as Swamp Fox Taxi Service

(Address of Motor Carrier)

Amount of Premium:

Liability Insurance _____

The above quoted premium is for a term of _____ months.

Minimum Limits - Intrastate Only:

| | | |
|-------------------|---|-----------------------|
| 1 - 7 passengers | - | 25,000/50,000/25,000 |
| 8 - 15 passengers | - | 25,000/100,000/25,000 |

(Insurance Company Name)

(Home Office Address of Company)

is familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

Date

(Authorized Insurance Company Representative)

Rev 5/07

INSURANCE QUOTE

The following insurance quote is for:

Swamp Fox Taxi Service, LLC

(Name of Motor Carrier)

PO Box 448, Marion SC 29571

(Address of Motor Carrier)

Amount of Premium:

Liability Insurance

50,000 / 100,000 / 25,000

The above quoted premium is for a term of 12 months.

Minimum Limits - Intrastate Only:

1 - 7 passengers

-

25,000/50,000/25,000

8 - 15 passengers

-

25,000/100,000/25,000

CANA Insurance Company

(Insurance Company Name)

PO Box 7, Greenville, SC 29602

(Home Office Address of Company)

is familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

3-24-2009

Date

[Signature]

(Authorized Insurance Company Representative)

Rev 5/07

EXHIBIT FWA

Name: SWAMP FOX TAXI LLC
 Address: 209 N. Tom GASQUE AVE. MARION SC
 Telephone No. 843 423 1153 Fax No. 843 423 1154
 U.S.D.O.T. No. _____ ICC No. _____

1. Does Applicant have a Safety Rating from the U.S.D.O.T.?

Yes _____ No ☒ Pending _____
 (If "yes", indicate rating and provide copy) (Submit when received)
 Satisfactory _____
 Conditional _____
 Unsatisfactory _____

2. Have any of Applicant's drivers or vehicles been placed "out of service" by Transport Police safety officers in the past twelve (12) months?

Yes _____ No ☒

3. Are there currently any outstanding judgment (s) against Applicant?

Yes _____ No ☒
 (If "yes", indicate nature of judgment(s).)

4. Is Applicant familiar with all statutes and regulations, including safety regulations, governing for-hire motor carrier operations in South Carolina and does applicant agree to operate in compliance with these statutes and regulations?

Yes ☒ No _____

5. Is the Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

Yes ☒ No _____
 (The attached Insurance Quote form must be completed, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide copy of insurance policies unless requested.)

Kanya Michur
 (Applicant's Signature)

- Sworn to before me

At Marion

This 24th day of July, 20 09

Patricia A. Edwards
 (Notary Public)

Commission Expires: 7/2/10